

1igist

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEETSERIAL NO.: 10751720  
APPLICANT(S)

FILING DATE 1-5-04

	CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1										
2										
3										
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5										
6										
7										
8	1									
9										
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50										
TOTAL IND.	4									
TOTAL DEP.	19	←	←	←						
TOTAL CLAIMS	23	████████	████████	████████	████████	████████	████████	████████	████████	████████